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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 29545

MON 1 3 5003

### FORM D

NOTICE OF SALE OF SECURITIES 188
PURSUANT TO REGULATION 6,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated Average burden

hours per form . . . . . 16.00

SEC	USE ON	LY
Prefix		Serial
DATI	E RECEIV	ED

Name of Offering I.M. DALLAS, LT	( check if this is an a		· ·	idicate change.)			
Filing Under (Chec	ck box(es) that apply):	☐ Rule 504	Rule 505	X Rule 506	Section 4(6)	☐ ULOE	
Type of Filing:	New Filing	☐ Amendment					
		A.	BASIC IDENTII	ICATION DATA	\		
1. Enter the inform	nation requested about the	issuer					
Name of Issuer	( check if this is an	amendment and name	has changed, and i	ndicate change.)			
I.M. DALLAS, LT	·		<b>0</b>	<b>,</b>			
Address of Executi	ve Offices	(Num	ber and Street, City	, State, Zip Code)	Telephone Numbe	r (Including Area Code	)
c/o Mulino Manag	gement, L.L.C., 1925 Ced	lar Springs, Suite 101	l, Dallas, Texas 7	5201	(214) 373-7543		
•	al Business Operations	`	ber and Street, City	, State, Zip Code)		r (Including Area Code	)
(if different from E	xecutive Offices) 2408 C	edar Springs, Dallas	Texas 75201	·	(214) 373-7543		
Brief Description of							
To operate a full s	service restaurant.						
Type of Business (	Organization					PRC	)(E33EU
☐ corporation	on	limited partners	ship, already forme	d	other (please	specify):	1 1 / 2002
☐ business tr	ust	limited partners	nip, to be formed			יטא (י	§ 1 → 7003
			Month	Year			THOMSON
Actual or Estimate	d Date of Incorporation or	Organization:	0 6	0 3	⊠ Actual □	Estimated	FINANCIAL
Jurisdiction of Inco	orporation or Organization	: (Enter two-letter U.:	S. Postal Service A	bbreviation for Sta			
	•	CN for Canada; Fl	N for other foreign	jurisdiction)		TX	

### GENERAL INSTRUCTIONS

#### Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

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				TIFICATION DATA		
	n requested for the fol		_			
-			een organized within the			
				e vote or disposition of, 10% or r		
		•	•	e general and managing partners	of partnership issue	ers; and
Each general and n	nanaging partner of pa	rtners	hip issuers.			
Check Box(es) that Apply:	Promoter		Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in	ndividual)					
MULINO MANAGEMENT, Business or Residence Address				e general partner of the issuer		
1925 Cedar Springs, Suite 10	1, Dallas, Texas 7520	1				
Check Box(es) that Apply:	Promoter	X	Beneficial Owner	Executive Officer  Managing Member of the  General Partner	Director	General and/or Managing Partner
Full Name (Last name first, if in	ndividual)					
ROMANO, PHILIP J.						
Business or Residence Address	(Number and Street,	City,	State, Zip Code)			
1925 Cedar Springs, Suite 101	l, Dallas, Texas 7520	1	·			
Check Box(es) that Apply:	Promoter	×	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if ir	ndividual)					
Teagle Partners, LP, a Texas Business or Residence Address		City,	State, Zip Code)			
6767 Hunters Glen, Dallas, Te	exas 75205					
Check Box(es) that Apply:	□Promoter	×	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if ir	ndividual)					
Williams, Sigrid	·					
Business or Residence Address	(Number and Street,	City,	State, Zip Code)			
2911 Turtle Creek, Suite 300,	Dallas, Texas 75219					
Check Box(es) that Apply:	Promoter	×	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)					
Anwar, Azam						
Business or Residence Address	(Number and Street,	City,	State, Zip Code)			
4331 Arcady, Dallas, Texas 75	5205		<u> </u>			
Check Box(es) that Apply:	Promoter	X	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if ir	ndividual)					
Hicks, Tom O. Business or Residence Address	(Number and Street,	City,	State, Zip Code)			
200 Crescent Court, Suite 160	0, Dallas, Texas 752	01				
Check Box(es) that Apply:	Promoter	×	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if ir	ndividual)					
Meyers, Jerry Business or Residence Address	(Number and Street,	City.	State, Zip Code)		<del></del> .	
2305 Cedar Springs, Suite 440	·					

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

		<del></del>	•••		В.	INFORM	IATION .	ABOUT (	FFERIN	G					
														Yes	No
1.	Has the issue	sold, or de	oes the issu	er intend to	sell, to no	n-accredite	d investors	in this offe	ring?					. 🗆	×
		,							ling under						
2.	What is the m	inimum in	vestment th	at will be a	ccepted fro	m any indi	vidual?							\$	100,000 *
	(* Or any le	sser amou	nt at the so	le discreti	on of the G	eneral Par	tner.)							Yes	No
3.	Does the offe	ring permit	joint owne	rship of a s	single unit?									×	
4.	Enter the inf														
	remuneration														
	agent of a bro to be listed ar												e (5) persor	ns	
Full	Name (Last na		-						-			<del></del>			
NO	NE	•	ĺ												
	iness or Reside	nce Addres	s (Number	and Street,	City State,	Zip Code)									
Nor	ne of Associate	d Broker o	- Dealer	<del></del> -											
ivai.	ne of Associate	u Diokei o	Dealci												
Stat	es in Which Pe	rson Listed	Has Solici	ted or Inten	ids to Solic	it Purchase	rs								
	(Check "A	ll States" o	r check ind	ividual Stat	tes)						•••••			All S	tates
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
	[MT] [RI]	[NE] [SC]	[NV] (SD)	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]		
Full	Name (Last na										<u> </u>				
Bus	iness or Reside	nce Addres	s (Number	and Street,	City State,	Zip Code)									
Nan	ne of Associate	d Broker o	Dealer										-		
Stat	es in Which Pe	reon Listed	Has Saliai	ted or Inter	de to Solie	it Durchase	re								
Stat	es iii winen i c	ISON LISTED	mas some	ied of fine	ids to some	it i uiciiasci	15						_		
													Ц	All S	tates
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
	[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] {OR}	[MO] [PA]		
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full	Name (Last na	me first, if	individual)	1								-			
								_							
Bus	iness or Reside	nce Addres	s (Number	and Street,	City State,	Zip Code)									
Nar	ne of Associate	d Broker o	Dealer												
Stat	es in Which Pe	rson Listed	Has Solici	ted or Inter	ds to Solic	it Purchase	rs	<del></del>		<del></del>					
Jul	es in vimente	ison Listed	1143 501161	ted of filter	ids to Bone	ic i diciiasci	15						_		
	•		r check ind		•									All S	tates
	(AL)	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]		
	(IL] (MT)	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
				(Use b	lank sheet,	or copy and	d use additi	ional copies	of this she	et, as neces	sary.)				

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Ent "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of securities offered for exchange and already exchanged.					
	Type of Security	Aggregate Offering Price	e	A	mount A Solo	-
	Debt	.\$		\$		
	Equity					
	☐ Common ☐ Preferred		-	-		
	Convertible Securities (including warrants)	.\$		\$		
	Partnership Interests Class A Limited Partnership Interests	\$1,200,0	00	\$_	7	00,000
	Other (Specify:	.\$		\$_		
	Total	\$1,200,0	<u>00</u>	\$	7	00,000
	Answer also in Appendix, Column 3, if filing under ULOE.					
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering ar the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of person who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" answer is "none" or "zero."	ns			Aggreg	gate
		Number Investors			ollar Ar of Purch	
	Accredited Investors	8	_	9	<u>. 7</u>	00,000
	Non-accredited Investors	0		9	S	0
	Total (for filings under Rule 504 only)	N/A	_	9	S	N/A
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.			r	Oollar Ar	mount
	Type of offering N/A	Type of Securi	ty		Sold	
	Rule 505	N/A	_	\$	N/A	
	Regulation A	N/A	_	\$_	N/A	
	Rule 504	. N/A		\$	N/A	
	Total	N/A	_	\$	N/A	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in the offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be give as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	n				
	Transfer Agent's Fees			\$		
	Printing and Engraving Costs			\$		
	Legal Fees		×	\$		75,000
	Accounting Fees	***************************************		\$		
	Engineering Fees			\$		
	Sales Commissions (specify finders' fees separately)					
	Other Expenses (identify)					
	Total		×			
			_			

1.

b. Enter the difference between the aggregate offering price given in response to Part C- Question 1 and total expenses furnished in response to Part C- Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$	1,125,000
Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.			
		Payments to Officers, Directors, and Affiliates	Payments to Others
Salaries and fees	×	\$(1)	□ <b>s</b>
Purchase of real estate		\$	□ <b>s</b>
Purchase, rental or leasing and installation of machinery and equipment		\$	<b>×</b> \$ 300,0
Construction or leasing of plant buildings and facilities		\$	<b>×</b> \$ 300,0
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		\$	□ s
Repayment of indebtedness		\$	□ <b>\$</b>
Working capital		\$	\$ 525,00
Other (specify):		\$	□ <b>\$</b>
Column Totals	×	\$_(1)	<b>x</b> \$ 1,125,00
Total Payments Listed (column totals added)		<b>×</b> \$	1,125,000

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) 11-12-03 I.M. DALLAS, LTD. Name of Signer (Print or Type) Title of Signer (Print or Type) By: MULINO MANAGEMENT, L.L.C., its General MANAGING MEMBER OF THE GENERAL PARTNER Partner By: PHILIP J. ROMANO

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)